

Workplace Violence Incident Report

To Be Used As A Supplement And Attached To The Risk Management Fund Incident Report (SFN 50508).

Date of Incident	Year	Month	Day of Week
Location of Incident (map and sketch on reverse side):			
Name of Victim:		Gender:	
		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Victim Description:			
_____ Employee _____ Client _____ Visitor		Job Title _____	
Assigned Work Location (if employee):			
Supervisor:		Has supervisor been notified?	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Describe the assault incident.			
List any witnesses to the incident (name and phone):			
Was a verbal threat made, either direct, indirect, or hidden? If so, what was said?			
Did the assault involve a firearm? If so, describe.			
Did the assault involve another weapon (not a firearm)? If so, describe.			
Was the victim injured? If yes, please describe.			

Who committed the assault? (name, if known) _____

What is his/her status to the victim:

____ Stranger

____ Co-worker

____ Personal Relation

____ Supervisor

____ Client/Patient/Counselor

____ Other

If other, describe:

What was the gender of the person(s) who committed the assault?

Male ☐

Female ☐

Please check any risk factors applicable to this incident.

☐ Working with money

☐ Working with drugs

☐ Working in a high-crime area

☐ Working late at night

☐ Poor lighting outside of worksite

☐ Other risk factor: _____

☐ Other risk factor: _____

Do you have suggestions for steps that could be taken to avoid a similar incident in the future?

Send completed form to: _____